Keiji Fukuda, MD '83
Leading the Fight
Against Influenza at the CDC

The UVM Medical Alumni Association invites you and your family to join us for Reunion 2005—June 10-12, 2005. Come back to Burlington and the UVM campus, your home during medical school. You may have lost contact with your classmates and faculty, but reunion will give you the chance to rekindle old friendships, check out favorite places, talk with faculty, meet medical students, and experience the growth and evolution of your medical alma mater.

Events include: Medical Education Today Session • Tour of the College and the new Medical Education Center • Golden Reunion Awards and Reception • Continuing Medical Education Seminar • Medical Alumni Picnic • Nostalgia Hour • Class Receptions and Dinners • Lake Champlain Cruise

For more information, call the UVM Medical Development & Alumni Relations Office at (802) 656-4014 or email medalumni.relations@uvm.edu.

ON THE COVER: photo by George Duncan, courtesy Peter Hay Fine Art
FROM THE DEAN

Spring is a busy season here at the College of Medicine, and no season in recent years has seen as much activity and promise as this one. Work on our new Medical Education Center, which is being built in cooperation with Fletcher Allen Health Care, is nearing completion. (You can see an aerial view of the project on the opposite page.) In the next few months, workers will put the finishing touches on the center, and our students, faculty and staff will begin making it a new home for much of our educational activity. In the ensuing months, Fletcher Allen’s new Ambulatory Care Center, including a new Emergency Department, will open to the public and will provide our students with state-of-the-art facilities in which to gain important clinical experience.

As one article in this issue shows you, those students entering the clinics will have been prepared by the Vermont Integrated Curriculum’s extensive use of standardized patients — highly trained individuals who simulate illness in order to teach and assess medical students. Use of standardized patients is now becoming a major component in national board certification, and the College is on the forefront of using this new method of educating future physicians.

The Medical Education Center, and the many educational facilities in Given that have been constructed or revamped in recent years, will bring the promise of our integrative method for physician education into full fruition. Look to these pages in the coming months for more news as our facilities come on-line.

Also ahead will be reports on efforts now underway by several task forces charged to examine important areas of change and improvement for the College. Task forces have been formed to focus on Strategic Planning, Governance, Faculty and Staff Development, and Science of Quality Initiatives, respectively. In the near future, these groups will be reporting on their work, and making suggestions for concrete changes for our school. Future issues of Vermont Medicine will contain more news on these important outcomes.

Robert Pierattini, M.D. has been named chair of the Department of Psychiatry at the College of Medicine and clinical leader of psychiatry at Fletcher Allen. The announcement was made in January by John N. Evans, Ph.D., dean of the University of Vermont College of Medicine, and Melinda Estes, M.D., president and CEO of Fletcher Allen Health Care.

Since 2001 Pierattini has served as interim department chair and as interim physician leader. He has played a key role in educating medical students and residents, and has directed the outpatient care portion of the psychiatry residency program since 2000. In 1994, he won the Psychiatry Residents Teaching Award, and in 2002 received the Psychiatry Residents Appreciation Award. He has performed clinical trials in psychopharmacology, and his research interests include the pharmacotherapy of mood and anxiety disorders, the utilization of mental health services, and issues in managed behavioral health care.

“Dr. Pierattini has provided outstanding leadership for this important academic and clinical department, as well as in creating and strengthening critical partnerships with the mental health community,” said Dean Evans. “Dr. Estes and I are thrilled that he has agreed to take on this vital role.”

After earning his medical degree from Yale, Pierattini completed his residency in psychiatry in Burlington at the former Medical Center Hospital of Vermont, where he was chief resident in his final year. He joined the UVM physician faculty in 1986 as a clinical instructor, became a clinical assistant professor in 1989, and a clinical associate professor in 1994. In 1995, Pierattini was appointed to an associate professorship, and in 2003 was named full professor.

CONSTRUCTION UPDATE

Construction of the new University of Vermont Medical Education Center, along with the Ambulatory Care Center at Fletcher Allen Health Care, is now within months of completion. Soon, the two institutions, who share joint missions in education, research and patient care, will also be physically linked. New classrooms for large and small group learning will enhance the education of both medical and graduate students, and a new medical library will serve students, faculty and staff, as well as community members. For updates on the Medical Education Center on the web, visit www.med.uvm.edu/mec.
RECOGNITION FROM OUR PEERS

Vermont Medicine magazine was recognized with an Award of Distinction at the 2004 Association of American Medical Colleges/Group on Institutional Advancement Awards for Excellence ceremony and reception on November 6 at the John F. Kennedy Library and Museum in Boston. The AAMC/GIA awards acknowledge “the most creative and effective approaches used to promote academic medicine in the United States through alumni, development, public relations and marketing vehicles.”

UVM Heads Transatlantic Cardiovascular Research Network

A new $6 million grant will help researchers at the University of Vermont College of Medicine direct an innovative transatlantic network linking scientists who study blood-clotting disorders at three U.S. and three European universities.

The five-year grant is among the first four Transatlantic Networks of Excellence in Cardiovascular Research to be funded by Fondation Leducq, a French institution that supports European-American collaborations in cardiovascular research. Edwin Bovill, M.D., professor and chair of pathology at the College of Medicine and an international expert in the field of blood-clotting disorders (thrombosis) is leader of the project.

The project, titled the Leducq International Network Against Thrombosis (LINAT), has in its member institutions the University of Vermont, the University of Washington, and the Oklahoma Medical Research Institute at the University of Oklahoma; and, in Europe, the University of Leiden in the Netherlands, the University of Louvain in Belgium, and the University of Paris. Each institution specializes in a different, yet related aspect of research on the role of thrombosis in arterial and venous vascular disease. According to Bovill, the focus of the grant is to encourage the exchange of ideas between institutions engaged in similar research and to facilitate faculty and students spending research time at the different institutions.

“Like all research studies, this program is a bit of an experiment,” said Bovill, who also serves as U.S. coordinator for the project. “The grant will allow us to more effectively support what we have already been doing, which we hope will lead to the establishment of a sustainable model that amplifies the amount of scientific training and discovery taking place.”

Over three days this past December, 54 representatives from the institutions in the network gathered in Burlington to present data from their current studies and discuss which research, technology and facilities will be used for LINAT.

In addition to Bovill, site leaders in the project include European coordinator Frits Rosendaal, M.D., Ph.D., Leiden University; Bruce Psaty, M.D., Ph.D., University of Washington; Chuck Eason, Ph.D., Oklahoma Medical Research Institute; Roger Lignen, Ph.D., University of Leuven; and Martine Aiach, Ph.D., University of Paris.

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LINAT participants from institutions in Europe and the U.S. viewed each others work in an informal poster session.

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Neurosurgeon Bruce Tranmer, M.D., professor of surgery at the College of Medicine, has been named the first Cordell E. Gross, M.D., Green and Gold Professor of Neurosurgery. Establishing this endowed faculty position will provide annual support to Tranmer for educational or research purposes.

Gross, who passed away in April 2000 and had been a mentor to Tranmer, was known as a superb surgeon, physician, and cerebral vascular researcher. He was appointed professor and chair of the division of neurosurgery in 1987 and three years later became director of surgical research and vice chairman of the department of surgery.

Tranmer, who also serves as Fletcher Allen chief of neurosurgery, joined the College of Medicine faculty in 1999. He received his medical degree from Queen’s University School of Medicine in Kingston, Ontario, Canada, and served his surgical and neurosurgery residencies at Kingston General Hospital and the University of Toronto, respectively. After his residency, Tranmer joined the Department of Neurosurgery at the University of Colorado, later moving to the University of Calgary and then to the Albany Medical College. In 1999 he was chosen to succeed Gross as chair of the division of neurosurgery.

Tranmer, who also directs the neurosurgery residency program, specializes in cerebrovascular surgery, peripheral nerve surgery and spinal surgery. His research involves the study of cerebral vasospasm and smooth muscle cells in the brain.

Ice Scraper? What’s That?
The College of Medicine attracts students from all over the country. While all of them know they are coming to a place that gets an average annual snowfall in excess of 90 inches, quite a few who hail from places where palm trees and cactus grow have never actually performed the ongoing experiment with frozen water and friction known to all Vermonters as winter driving.

This is where Nate Organ steps in. Or, more accurately, slides in. Since 2004, the second-year medical student from South Strafford, Vt., has taught “Winter Driving: The Basics,” a course for people from Florida and California who have heard all the horror stories of inter-states turned into frictionless planes, and now need to develop their behind-the-wheel skills quickly.

“It all started last year,” Orgain says, “when one of the Floridians in my class said they were worried about getting around once winter set in. I’d been training ambulance and EMS drivers since 1996, so I felt I could pretty easily present a class. I got help from my classmates Keith Robinson and Eric Rosenthal, and I put out an announcement and got an immediately positive response. Some people really wondered what they were about to get into.”

What they get into with Orgain runs from the basics — some have never actually held an ice scraper before — to hands-on, white-knuckle practice in how to pull out of skids. (The latter are held on parking lots and other spaces approved by the UVM Police.) Orgain also covers basic winter auto maintenance for students who may never before have had to buy snow tires or add anti-freeze to their radiators, and advises on important new items for the trunk like jumper cables and shovels.

“I get a lot of thank-you’s,” says Orgain. “People are eager to learn, and they’re easy to teach: by the time they get to me it’s given that they’re already done really well in physics.”

Neurosurgeon Bruce Tranmer, M.D., professor of surgery at the College of Medicine, has been named the first Cordell E. Gross, M.D., Green and Gold Professor of Neurosurgery.

We all do it. When food drives are on, we gather the usual canned goods, boxes of pasta and macaroni and cheese — items often high in fat, sodium, and sugar — and put them in the donation boxes without a thought about the downside of our good deeds.

In early 2004, a number of homebound clients contacted the Chittenden Emergency Food Shelf in Burlington to complain that they could not eat the food that the shelf had delivered to them, due to specific nutritional requirements linked to their health conditions. After learning of the issue from the United Way of Chittenden County, Jan Carney, M.D., research professor of medicine and associate dean for public health, seized the opportunity to link medical students and non-profit representatives to address this community need.

Funded in part by Carney’s 2004 Community-University and Service-Learning Planning and Implementation Grant for Service-Learning, this medical student public health project, one of 13 projects from Carney’s second-year students, focused on the needs of homebound clients of the food shelf’s grocery delivery program. Each month, the program delivers a five-day emergency supply of food to low-income, homebound seniors and disabled adults.

Tranmer, who also directs the neurosurgery residency program, specializes in cerebrovascular surgery, peripheral nerve surgery and spinal surgery. His research involves the study of cerebral vasospasm and smooth muscle cells in the brain.

Neurosurgeon Bruce Tranmer, M.D., professor of surgery at the College of Medicine, has been named the first Cordell E. Gross, M.D., Green and Gold Professor of Neurosurgery.
Richard Albertini, M.D., Ph.D., calls it “the interface.” It’s the sometimes uncomfortable place where medicine and theoretical science meet, and laboratory-bench techniques extend to patients’ bedsides. It’s also the mindset and approach that has defined Albertini’s career.

Albertini, who retired in 2000 but continues at the College of Medicine as an emeritus professor of medicine and microbiology and molecular genetics and a ... excellence in research or scholarship. His University Scholar Lecture, which he delivered in November, was titled “Genetic Toxicology: Protecting the Genome.”

The talk’s title is representative of Albertini’s outlook. The professor, who holds both medical and doctoral degrees, is driven by the idea of intervention. ... he says, have evolved from a specialty primarily giving advice to parents of children with genetic disorders, to a field developing ways to actually intervene and repair problems.

As an emeritus, Albertini is still active in writing and research and advising graduate students. Beyond his passion for the work, he says he is motivated by a desire “to replicate people who will work on the interface,” who can transform the endless questions raised by research into answers that work for doctors and patients.

— Kevin Foley

**NEW PEDIATRICS TEXTBOOK UNVEILED**

A new major textbook co-edited by Lewis First, M.D., professor and chair of pediatrics and senior associate dean for educational and curricular affairs, was unveiled at the American Academy of Pediatrics annual meeting in October. Published by Elsevier, the 2,080-page textbook titled Pediatrics provides a logical, “hands-on” approach to the care of the pediatric patient.

Leading educators from around the country and hundreds of international pediatric subspecialists contributed to the book, which took almost seven years to complete. The book features 700 full-color illustrations, a “mini-index” at the end of each chapter, and an accompanying CD-ROM that has video sequences, images, and extra text information and references.

A senior consulting editor of the journal Pediatrics, First is also co-editor-in-chief of the American Academy of Pediatrics monthly newsletter AAP Grand Rounds.

**DANA MEDICAL LIBRARY OFFERS FREE ONLINE HEALTH EVALUATION TOOL**

Members of the University of Vermont, Fletcher Allen Health Care, and greater Burlington communities now have free access to a new online tool designed to help improve health. Called the Wellness Coupler, the web-based health care software program helps people evaluate health, lifestyle, and nutrition by asking a series of questions, then “coupling” the answers with an extensive database of medical information to provide specific, personalized advice on how to achieve a healthier future.

Developed and licensed by Burlington-based PKC Corporation and available through the Vermont Cooperative Consumer Health Information Project, the program allows the user to work independently with guidance, then choose to either save the session for future use, print out a report, or send the results electronically to a health care provider.

In addition to UVM’s Dana Medical Library, local libraries with access to the Wellness Coupler include the Fletcher Free Library in Burlington, the South Burlington Community Library, and the libraries offered through the College of Medicine Area Health Education Centers Program at the Community Health Center of Burlington and the Champlain Valley Area Health Education Center in St. Albans. To access the Wellness Coupler online, go to http://library.uvm.edu/dana/vthealth.

**Vermont Medical Society Honors College of Medicine Faculty**

Four members of the College of Medicine faculty were honored with awards at the 191st Annual Meeting of the Vermont Medical Society on October 23, 2004, at the Wyndham Hotel and Conference Center in Burlington. Award recipients included Mildred Reardon, M.D. ’67, associate dean for primary care and clinical professor of medicine, who received the Founders’ Award; Jerold Lucy, M.D., professor of pediatrics, who received the Distinguished Service Award; Joseph Haddock, M.D., clinical associate professor of family medicine, who received the Physician of the Year Award, and Frederick Bagley, M.D., clinical associate professor of surgery, who received the Physician Award for Community Service.

**Albertini Named University Scholar**

Richard Albertini, M.D., Ph.D., calls it “the interface.” It’s the sometimes uncomfortable place where medicine and theoretical science meet, and laboratory-bench techniques extend to patients’ bedsides. It’s also the mindset and approach that has defined Albertini’s career. Albertini, who retired in 2000 but continues at the College of Medicine as an emeritus professor of medicine and microbiology and molecular genetics and a research professor of pathology, is a University Scholar this academic year, one of UVM’s highest honors for sustained excellence in research or scholarship. His University Scholar Lecture, which he delivered in November, was titled “Genetic Toxicology: Protecting the Genome.”

The talk’s title is representative of Albertini’s outlook. The professor, who holds both medical and doctoral degrees, is driven by the idea of intervention. He and his team developed the world’s most-used field test for monitoring environmental gene damage. He remains active in collecting a store of data on environmental mutations, but what excites him most now, and was near the center of his lecture, is the newer work he and many others are doing in exploring ways to fix genetic damage.

Medical genetics, he says, has evolved from a specialty primarily giving advice to parents of children with genetic disorders, to a field developing ways to actually intervene and repair problems. As an emeritus, Albertini is still active in writing and research and advising graduate students. Beyond his passion for the work, he says he is motivated by a desire “to replicate people who will work on the interface,” who can transform the endless questions raised by research into answers that work for doctors and patients.

— Kevin Foley

**UVM AND FLETCHER ALLEN SPONSOR ECHO EXHIBIT ON AGING**

The College of Medicine, Elder Care Services at Fletcher Allen Health Care and the University of Vermont College of Medicine Area Health Education Centers (AHEC) Program jointly sponsored this fall 2004 exhibit at ECHO at the Leavy Center for Lake Champlain. Titled “The Amazing Feats of Aging,” the hands-on health science exhibit focused on the biology of aging, aging across the animal kingdom, healthy aging, and aging of the brain. The exhibit ran from September, 2004 to early January, 2005, and was visited by more than 24,000 people. Among the exhibit’s features were a computer program that aged a person’s face up to 25 years, a giant tortoise that never seemed to age, a puppet show that taught young visitors how animals take care of their elders, and a display on how normal brain aging differs from changes caused by Alzheimer’s disease.
The classic white doctor’s coat is a symbol of the completion of the first step in a long, challenging journey that includes four years of medical school, clinical residencies, and often subspecialty training. Among the many milestone events in a medical student’s career, receiving a white doctor’s coat is the first tangible affirmation of a goal that each student sets when they begin medical school. On Friday, January 14, the University of Vermont College of Medicine Class of 2008 participated in the White Coat Ceremony in Carpenter Auditorium at the Given Building on the UVM campus. Professor and Chair of Neurology Robert Hamill, M.D., spoke to the students, family, and friends of the College about the responsibilities that come with the beginning of clinical experience, and that continue on throughout a physician’s career. Dr. Hamill’s remarks are excerpted here.

I truly am honored to join you, the Class of 2008, your families and friends and the faculty of the UVM academic medicine center at the 2005 White Coat Ceremony. This ceremony is allegorical and emblematic. Allegorical because it sketches and portrays the values that personify “A Physician — A Doctor of Medicine.” Our profession is steeped in the fundamental sciences of human biology and function, mind, disease, and yet it requires the greatest of human skills: understanding and insight, and compassion and empathy. The white coat is emblematic because it signals the trust and respect of a profession that is truly a privilege. We welcome you, the Class of 2008, across the threshold to the roles, responsibilities, and rewards of clinical science and medicine.

Medicine by definition is a patient-centered profession. The sophisticated technology and absolutely remarkable interventions that are now at the bedside are staggering and exciting. But at the nexus is the patient — the patient’s life and family: they are our mission, our raison d’être, a mission that cannot be lost. In this transition in medical education, biomedical science fuses with biobehavioral science, for by definition human disease occurs in human beings and all disease and dysfunction affect the person within the patient. The response to illness may be more difficult than the illness itself. It is incumbent upon physicians as healers to surely appreciate, if not fully understand, the spirit and mind, as well as the body of the patient. In approaching the challenges of treating patients, four guideposts have served me well:

1. **Time with your patient.** If you have 30 minutes available, spend 20 minutes speaking with your patients, seven minutes in physical examination; and three minutes on all the laboratory and imaging tests. Doctors who are good listeners, and who thoughtfully seek information and probe for answers will bring correct answers to the bedside. In a time when technology may inappropriately drive the evaluation, almost overwhelming doctors and patients alike, calm, careful, and clear thinking will rectify the situation and clarify the diagnosis. Take the extra time.

2. **Believe your patients.** Patients know when they are sick. Patients know themselves better than we as physicians will ever know them. Believe the patient; believe the physician whose diagnosis is “not a real illness.” Do not fall into that trap — you and your patients will be the lesser.

3. **Primum Nobis Noscere — First Do No Harm.** This well-schooled aphorism is mentioned twice in the Hippocratic Oath and identified in Epilemus [Book I, Section II Hippocrates]. Although we seek to help, our diagnostic approaches and interventions — be they medical or surgical — may have significant adverse consequences. This is especially true in the compromised host — a child, an older person, a chronically ill individual. Think carefully before you intervene. Sometimes the best treatment is no treatment, a decision cautiously arrived at knowing the natural history of disease, and knowing that time and supportive care will permit full recovery.

4. **Communication.** Just as normal nervous system functions hinge on neuronal communication within and among complicated neuronal networks, all of life is based on clear, concise, and meaningful communication. Doctors must be superb communicators. Your demeanor, your body language and affect — the many components of the so-called bedside manner — are the determinants of successful communication with patients. Yet I suspect that we may well fail in this domain of medicine more than in any other. The white coat is viewed, sometimes, as an obstacle to communication, because its presence may be intimidating or present a sense of detachment and authority; one not open to easy dialogue. Physicians tend to be very bright people, but may be remarkably insensitive to how they come across, how uncomfortable they may make others feel, including their patients, and may be unaware that they can appear aloof and uncarving. We can become overly impressed with ourselves and become somewhat of an arrogant lot. Such characteristics have no value. It is the doctor who wears the coat who may be the obstacle to communication, not the coat itself.
When standardized patients portray illness, they help mold the performance of future physicians.

by

JEFFERY LINDHOLM

photography by ANDY DUBACK
im Court’s bare legs dangle off the side of the exam table. He adjusts the hospital gown, trying to cover his backside. Still, unlike most people in such a setting, he’s at ease. Though it is impossible to tell from his immediate surroundings, Court is not actually sitting in a hospital exam room. He’s in the UVM College of Medicine’s Professional Learning and Assessment Center in the Given Building. That’s because he’s not a regular patient; he’s a standardized patient (SP). The College has about 70 other people like him, young and old, male and female, who have been trained as part of the implementation of the Vermont Integrated Curriculum to teach medical students what can’t be learned from a textbook — physical exam and communication skills — or to portray a variety of patient roles targeted to curricular objectives in learning or testing situations.

In a few short minutes, Court is surrounded by four first-year medical students and Associate Professor of Family Medicine John Saia, M.D.’66. The students are practicing for an upcoming evaluation of their newly-learned physical exam skills. When it comes time for Sara Delaporta to take his blood pressure, Court shows how to locate his brachial artery, helps her get the cuff adjusted and winces when she pumps the cuff too tight. When she’s looking into his ear, he shows her how to pull his ear back to get a straight-on view to the eardrum.

“I like to see lights go on for the students,” says Cate Nicholas, M.S., P.A., director of the College’s Standardized Patient Program. “It’s great when they see the ear canal and the eardrum through an oto-scope for the first time, and the SP’s feedback lets them know that they know how to do it.”

“SPs have been pretty much part of my curriculum at UVM from day one,” says fourth-year medical student Sarah Hallen. “The first part of orientation, we saw a presentation of how to do a physical on an SP.”

IN THE BEGINNING
In the mid-1990s, the SP program evolved from the example of gynecology teaching associates, women at several institutions in the U.S. who volunteered to help teach pelvic exam skills to second- and third-year medical students. “These women were part of a national trend. They volunteered to teach about issues using their own bodies,” says Nicholas. “They provided comfort and safety for the students.”

To assist in more general learning, standardized patients were added to the Introduction to Physical Examination course for first-year students in the mid-90s. Later in the decade, the Department of Family Practice added a practical assessment using SPs to the end of the third-year clerkship period. This was UVM’s first OSCE, or Observed Standardized Clinical Encounter. Today, SP OSCEs are used throughout the four years of medical curriculum as practical assessment tools.

In addition to working with medical students, standardized patients provide similar services for medical residents as well as nurse practitioner and physical therapy students. They also assist in continuing medical education programs for clinicians and faculty.

In 2002, with funding secured by Sen. Patrick Leahy, the College created the Assessment Center — the stage, if you will, for the SP performance — in the Given Building. The Center has a dozen

Above, SP Cliff Don discusses reflexes with Lari Young’06; at left, Associate Professor David Little, M.D.’75, works with SP Jim Court.
both diagnoses and treatment plans. That’s where the SPs’ acting skills come in. For example, if a class includes a small group discussion on how to motivate a patient to stop smoking or lose weight, the students will move from the rhetoric discussion to the practical hands-on with an SP. The SP will react as a real patient and realistically give the student a hard time.

“One of the big things we work with through standardized patients is communication,” says Nicholas. “As a doctor you can know anatomy backward and forward, but you have to be able to communicate with the patient to put that knowledge into action.”

WHYS AND WHEREFORES OF SPS

“The people who work as standardized patients are interested in both health care and self care,” says Nicholas. “Also, they want to make sure that when they need docs in their older years, the docs will be well trained.”

Sally was doing it about three years ago,” Angele says. “She told me, it’s kind of fun, you get to act. We both like films so I said, cool.” Jim started in February 1994. Then Angele and Hannah worked together when program director Cate Nicholas needed a mother/daughter team for a continuing education session in psychiatric medicine for doctors. Angele portrayed a pushy mother who was stressing out her daughter in a quest for excellence.

Angele has also portrayed an alcoholic patient as well as an abused woman. In the latter case, her character comes in with a headache, which she has because “my husband winds me around the house a lot,” Angele explains. “I’ve had broken bones and there are clues there, but if the students don’t ask the right questions, they’re not going to get it.”

“I can’t watch her do that for more than two minutes,” says Hannah. “It’s so intense. It scares me.”

The family invests a lot of time in their standardized patient work. Both of the parents work full time. Jim is a certified dental technician, and Angele works full time in a law office. Both have flexibility as far as making up time spent at UVM, but they do sometimes have to take vacation days to do this work. Hannah is a junior at Burlington High School, and her mother says she “has to maintain a good grade average or she wouldn’t be eligible.”

“The Courts all have to find time for their standardized patient work. Both of the parents work full time. Jim is a certified dental technician, and Angele works full time in a law office. Both have flexibility as far as making up time spent at UVM, but they do sometimes have to take vacation days to do this work. Hannah is a junior at Burlington High School, and her mother says she “has to maintain a good grade average or she wouldn’t be eligible.”

The family invests a lot of time in SP work, but they’ve also found a good use for the modest amount of money they make as standardized patients: vacations. In 1993, Angele and Jim took a cruise; last Thanksgiving, the three Courts went to visit Hannah’s grown sister, who lives in Ireland.

“It’s great to know the students and have a chance to work with them,” says Jim. “And I learn, too. I am investing not only in their education but also my own.”
and the background that will let them convincingly portray various patients and their illnesses.

"I’m an adult learner," says SP Angele Court, Jim’s wife (see sidebar on p. 17). "Having to study the textbook and know certain systems is really energizing. Sometimes I think the last thing I need after a long day is to read 100 pages of text, but you know, it is great to learn new things. It keeps your mind going and sharp."

For portrayals, SPs get a written “script” that includes background on their roles and what symptoms they’ll be presenting with. They also get readings about the conditions. Before they see students, they rehearse their roles with Nicholas and faculty members in that area of medicine. Once they’ve got it down, they meet students in the Assessment Center for a dry run before their debut. All along the way, their acting is honed.

“The SPs do an incredible job of acting out the situations,” says second-year student Justin Sanders. “They’ll get to the end and everyone’s thinking, ‘Wow, that was really an excellent performance.’ It’s an important part of our learning for them to get it right.”

STANDARDIZING THE SPS

Standardization of both presentation and assessment is, of course, a very important aspect of this teaching method. For evaluation purposes, each student needs to see the same patient problem presented in the same format. This guarantees fair assessment and also allows students and faculty to compare and contrast student competence. Nicholas and faculty members develop checklists for communication skills, professional skills and physical exam skills. SPs fill out checklists after they meet with a student, and then provide immediate feedback.

Nicholas works on the checklists the SPs use to evaluate student performance with Director of Assessment Karen Richardson-Nassif, Ph.D. All standardized patients for all students use the same checklist. And the checklists undergo regular evaluation.

“We do a statistical analysis on every item on the checklist to just make sure that we are teaching it well,” says Richardson-Nassif. “We look for red flags if a group of students are missing an item: is it because we aren’t teaching it well; is it because the standardized patient is not really following through on their end, or is it because the students just didn’t get it?” That information is then fed back to the course directors and to Nicholas, who can fine tune presentations to be more effective teaching tools, often within a few days.

STANDARDIZED PATIENTS GO NATIONWIDE

The National Board of Medical Examiners now requires students to undergo a national exam which uses standardized patients as part of the process of receiving state licensure. This is being done at the request of state licensing boards, who along with the National Board of Medical Examiners and all medical schools have the obligation to protect the public as they train physicians and SPs.

Lewis First, M.D., professor and chair of pediatrics, and senior associate dean for educational and curricular affairs, currently serves as committee chair for Step 2 of the United States Medical Licensing Exam. In this capacity, he and his committee have been responsible for helping the national board design, implement and evaluate the national SP licensing exam, which was first offered in June 2004 and now complements the traditional exam. All U.S. medical students now must pass this exam to receive a state license to practice medicine.

“I have had the opportunity to recognize not just on our campus but nationally the important role SPs play in the training and subsequent licensure of physicians,” First says. “Our standardized patients turn the theory into practice. You can read about baseball, but you need to pick up a bat and ball to really understand how the game is played. This is a good analogy as to why we are using SPs so frequently in our new curriculum. The SPs allow the students themselves to actively step up to bat and practice the clinical skills and knowledge they’ve learned in the classroom and then be given direct feedback through observation by SPs and faculty that they’ve successfully mastered these learning objectives.”

“I’m extremely proud of the work our SPs have done under Cate’s leadership,” First says. “I think the program is one of the unique attributes that makes our integrated curriculum such an innovative and yet effective way to train physicians for the future.”
For orthopaedic researcher Bruce Beynon, Ph.D., it’s a search for all the gain, without the pain.

Easing the Strain

The image of three UVM hockey players of the 1970s wearing casts from ankle to hip remains with Bruce Beynon, Ph.D. As captain of the 1978-79 UVM men’s basketball team, he remembers wondering how such strong, fit athletes could so suddenly have their careers ended by a knee injury.

Now an associate professor of orthopaedics and rehabilitation, Beynon says the anterior cruciate ligament injuries of Garry Hebert, Chris Coutu and Serge Leblanc, as well as fellow basketball player Charlie Trapani, played a role in his early interest with knee injuries, and with his subsequent decision to pursue a career that has made him a leading researcher of anterior cruciate ligament (ACL) injuries and the surgical and rehabilitation techniques used to treat them.

Photography by Sabin Gratz
“It wasn’t like I saw these injuries and decided to dedicate my life to studying the ACL gods, but it really stuck in my mind,” Beynnon says. “These guys were super athletes — one of them was Mr. Montreal, but an injury ended his hockey career that day. It’s been interesting to see how an injury that was career-ending at any level back in the ‘70s is now treatable to where an athlete can return within the same year. Back then, from the knee’s perspective, the surgery was worse than the injury. The knee probably didn’t know the difference between an axe attack and the surgery.”

Since then, Beynnon, director of research in the Department of Orthopaedics and Rehabilitation, and a team of College of Medicine researchers have built an international reputation and published extensively on sports injuries and rehabilitation. A pair of new studies — one on the effectiveness of ACL rehab programs and another study focusing on the effect of extrinsic and intrinsic risk factors on first-time inversion ankle ligament injuries in high school and college athletes — are expected to be published later this year.

The latter study evaluated ankle injuries among 901 local prep and collegiate athletes who logged a total of 50,680 “person-days” of exposure to soccer, basketball, lacrosse or field hockey over four years. Only 43 athletes had sprained ankles during the study period, even though sprains are typically considered one of the most common injuries among athletes. Beynnon’s team also looked at how injury rates are affected by factors such as gender, level of competition and sport.

What they found was that the incidence rate of inversion injury is less than 1 percent per 1,000 days of exposure to sport, a value lower than previously reported. Interestingly, risk among female athletes can be linked to specific sports. The study shows that risk is highest among females playing basketball, who are at significantly greater risk than male basketball players and female lacrosse players.

“Our finding of different intrinsic risk factors for ankle ligament injury between males and females indicates that intervention studies designed to reduce the incidence of ankle injuries need to develop different strategies for males and females,” Beynnon wrote.

**THINKING ABOUT REHAB**

Much of Beynnon’s research has focused on clinical studies designed to evaluate different ACL surgical techniques and rehabilitation with an emphasis on the long-term stability of the knee and return to full activity, examination of how changes in the design of total joint components can influence their behavior, and the influence of abnormal joint loads on the initiation and progression of osteoarthritis.

When Beynnon first started working at UVM, the institution where he earned a B.S. in mechanical engineering in 1982, followed by an M.S. and Ph.D in biomechanical and mechanical engineering, he focused his attention on the biomechanics of the knee. The award-winning study started with 390 candidates who had had an ACL tear between December 1998 and May 2001. Ultimately, 208 subjects were accepted into the study; those excluded were done so on the basis of age restrictions, pregnancy, or earlier or simultaneous additional injuries. Forty-two of the subject group consented to participate, and were randomly placed into either accelerated or non-accelerated rehabilitation treatments immediately after their ACL repair surgery. All the participants in the process — the patient, the surgeon, and the individual making follow-up measurements, were “blinded” in the randomization procedure.

Patients who were placed in the non-accelerated group underwent a slower, 12-week program of rehab. Those in the accelerated group immediately began a 9-week program. Follow-up exams were done on the subjects immediately after the reconstruction, and at intervals of three, six, twelve, and 24 months thereafter. Throughout the study, patients were examined for knee laxity, knee function and activity, thigh muscle strength, knee proprioception (the patient’s awareness of joint movement and other factors), and patient satisfaction.

Much of the data in the study was gathered using tools and techniques developed by Beynnon and his team. One of these was the use of “marker beads” made of tantalum, which Beynnon describes as “the best thing that has been invented in the past,” says Beynnon. The beads give solid, immovable reference points for gathering precise data on movement.

The UVM team also developed a device for measuring proprioception, in which a subject sits in a padded chair and is deprived of many of the usual visual and other sense clues that can cloud their innate ability to gauge the movement of their joints.

Interesting as these techniques may be, they are not, ultimately, the most gratifying elements of the study to Beynnon. “The most important thing is changing the way patients feel. To me, research becomes most meaningful when you can translate it to the bedside.”

— Edward Neuert

**When word reached Bruce Beynnon, Ph.D., in December that he and his team of fellow researchers had won the prestigious O’Donoghue Sports Injury Research Award for 2005 from the American Orthopaedic Society for Sports Medicine, it was a familiar feeling for the orthopaedic researcher. Papers authored or co-authored by Beynnon had won the O’Donoghue Award twice before, in 1996 and 1999.**

The most recent paper, “Rehabilitation of the Knee Following Anterior Cruciate Ligament [ACL] Reconstruction with a Bone-Patellar Tendon-Bone Graft,” was written by Beynnon and his UVM colleagues Robert Johnson, M.D., Bjarne Brattbakk, Joseph Abate, M.D., Braden Fleming, Ph.D., and Claude Nichols, M.D., the chair of the Department of Orthopaedics and Rehabilitation. It focuses on a major question in orthopaedics today — should patients who have undergone ACL reconstruction have their knee immobilized for a period of time after surgery, or begin immediate rehabilitation? It is a subject of increasing concern, with ACL injuries on the rise. “Improvements in ski boots, for example, have had an unforeseen part in the increase in ACL problems,” says Beynnon. “What used to be the dominant ski injury, the tibial fracture, has been mostly eliminated. But the forces are now transmitted further up the leg — we’ve moved the problem up to the knees.”

Two decades ago, rehabilitation after an ACL reconstruction almost always included immobilization of the patient’s leg for six weeks or longer immediately after surgery. Research on animal models showed that immobilization itself caused adverse effects on knee joints, and some studies showed early mobilization, including walking, might be possible for ACL patients without endangering the healing of their newly-grafted ligaments. It appeared that the most beneficial course for many patients with ACL repairs could be immediate, vigorous rehab. “What was missing,” explains Beynnon, “was hard, factual information. A lot of orthopaedic research has been retrospective. This was one of the first studies on this topic derived from a randomized, controlled, double-blinded study.”

The award-winning study started with 390 candidates who had had an ACL tear between December 1998 and May 2001. Ultimately, 208 subjects were accepted into the study; those excluded were done so on the basis of age restrictions, pregnancy, or earlier or simultaneous additional injuries. Forty-two of the subject group consented to participate, and were randomly placed into either accelerated or non-accelerated rehabilitation treatments immediately after their ACL repair surgery. All the participants in the process — the patient, the surgeon, and the individual making follow-up measurements, were “blinded” in the randomization procedure.

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— Edward Neuert
chances of the ACL with the intention of finding better ways of reconstructing it.

Beynnon and his colleagues eventually developed techniques to measure the biomechanics of the ACL. This lead to the study of the strain biomechanics of ligaments in people doing all types of rehab exercises like weight lifting, biking and stair climbing.

“That served as a database for us to develop criteria by which to reconstruct and then later rehabilitate people. To make the link we were able to characterize normal strain biomechanics — we could rank order the exercises from highest strain to lowest strain. So now we can take a group of exercises that we know produces low strain (non-accelerated rehab exercises) and another group that produces high strain, and develop programs that would compare the two and their effect (on ACL rehab).”

This research is the basis for a paper that will appear in the American Journal of Sports Medicine authored by Beynnon, Robert Johnson, M.D., Bjarne Brattbakk, Joseph Abate, M.D., Braden Fleming, Ph.D., and Claude Nichols, M.D., all colleagues in Orthopaedics and Rehabilitation (except for Fleming, who has left the department). Despite the findings not being exactly what he expected, Beynnon says the results are significant in that they go against some commonly held beliefs about aggressive rehab versus non-aggressive.

“What we found is that there was no difference between the programs, which is quite interesting because we thought there would be,” Beynnon says. “There’s no difference from a clinical outcome, from the patients’ perspective, from a functional perspective, or from a strength perspective.”

With this study complete, Beynnon and his colleagues have already begun to advance their research by conducting laboratory studies on synovial fluids drawn from the knees of subjects, which will provide information about protein biomarkers that may be responsible for cartilage breakdown.

“This is very interesting because we’re looking at arthritis before it even happens,” Beynnon says. “If we can understand what’s going on before, maybe we can intervene before it starts. We can target certain things earlier. Do we need to block the degradation process that’s clearing the cartilage, and if so how do we do that? What we’ve identified is that cartilage breaking itself down much, much faster than it should be, so we’re starting to look at ways to bring that back into balance.”

Bjarne Brattbakk, Clinical Coordinator, and the RSA Knee Laxity System built by Beynnon and his team.
For Keiji Fukuda, MD ’83, being one of the leaders of the fight against influenza means balancing the quiet work of science and the occasional loud warning call.

by MELISSA PASANEN

AFTER KEIJI FUKUDA, MD, ’83 was featured last winter in a New York Times Magazine cover story about the increase of avian flu in humans and the likelihood that it heralds the next flu pandemic, he wrote the reporter a short note. Press attention is not new to Fukuda, who has been team leader of the influenza branch of the epidemiology unit at the Centers for Disease Control and Prevention for almost nine years, but the unusually personal and flattering portrait painted by reporter Gretchen Reynolds made him a little uncomfortable.

photograph by GEORGE DUNCAN, courtesy of Peter Hay Fine Art
I sent Gretchen an email, and said, ’You made us look much better than we really are — but thank you,’ says Fukuda. He accepts that this sort of exposure is part of his job, that he has a role to play in helping communicate the fact that a pandemic caused by a new, deadly flu strain is “inevitable,” as he was quoted saying in USA Today last March. He is, however, concerned that people may not understand that managing the threat of influenza is a group effort, not the work of a few intrepid gumshoe epidemiologists. “There’s a team of 70 to 80 people who work on influenza at the CDC,” Fukuda says, “and even beyond that, across the world, a vast number of people who will remain faceless and nameless and who truly are absolutely critical.”

Fukuda knows he also needs to tread a fine line when he warns of impending flu outbreaks. “You have to be a little careful about crying wolf, or crying Y2K,” he says, “because we want to be able to trumpet enough so that what needs to be done gets done. It’s a bit of a tightrope walk.”

He credits a variety of recent events with elevating flu’s profile: the avian flu outbreaks in Asia; the outbreaks of Severe Acute Respiratory Syndrome (SARS); heightened awareness of bioterrorism, which focuses “popular attention on Andromeda Strain-types of nightmare scenarios into which pandemic flu fits very nicely;” and several recent books that re-examine the 1918 flu pandemic. While others might bask in the spotlight, it is no surprise to those who know Fukuda that he is somewhat reluctant about being a center of attention. “He’s an extremely modest person,” says his younger brother, Christopher Fukuda, M.D., who practices urology in Colchester, Vt., and is a clinical assistant professor at the College of Medicine. “When he was in Time magazine a few years ago my wife had the article framed and gave it to him, but it never made it onto the wall.” Even during their childhood growing up in Barre, Vt., his brother reports that Keiji always downplayed his accomplishments, which included numerous athletic awards. “He came home with a winning jacket one time and he gave it to me,” recalls Christopher. “I wore it for a long time.”

It’s what those viruses are doing that counts.

No matter how you play the politics, no matter how glossy the images, it’s really about the biology, the science.

80 people who work on influenza at the CDC, Fukuda says, “and even beyond that, across the world, a vast number of people who will remain faceless and nameless and who truly are absolutely critical.”

Fukuda knows he also needs to tread a fine line when he warns of impending flu outbreaks. “You have to be a little careful about crying wolf, or crying Y2K,” he says, “and not trumpeting too much that’s still theoretical while trumpeting enough so that what needs to be done gets done. It’s a bit of a tightrope walk.”

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The brothers, who also have an older sister who now lives in Los Angeles, are sixth-generation physicians whose father came from Japan to Vermont to do an anesthesia fellowship with John Abajian, Jr., M.D., in Burlington, and then spent his career working at the Barre hospital. Their mother trained as a general physician. “I loved growing up in Vermont,” Fukuda says, “it’s an unbelievably beautiful area up in the mountains — one of the major tea-growing areas with both jungle and desert and wild monkeys and elephants.” His time in India confirmed Fukuda’s interest in international medicine: “Travel really made me think that there were so many problems that are almost intractable and almost impossible to figure out. I wanted to work on problems like malaria.” After Fukuda completed his internal medicine residency and a chief year at Mount Zion Hospital in San Francisco, he earned a Masters in Public Health in epidemiology at University of California, Berkeley and then spent a year working in leprosy and tuberculosis clinics in the San Francisco Bay area. “Then I began asking people, ‘If one wanted to work on malaria, what should one do?’” Fukuda recalls. “And everyone said, ‘You really need to go to the EIS [Epidemiology Intelligence Service] training program.’”

The two-year EIS officer training program at the Centers for Disease Control and Prevention starts with a month-long introductory session and then a match between the new trainees and the different groups. Fukuda did not match with the malaria group as he had hoped. “Instead I matched with the retrovirus diseases group — in retrospect, one of the more fortuitous things that ever happened to me,” he adds, citing enduring relationships with his supervisors. Although he was officially working on HTLV1 and 2 viruses, one of the highlights of his training was an unrelated assignment in which he was sent alone to Rototonga, one of the Cook Islands in the South Pacific, for five weeks to investigate a Dengue fever outbreak. After learning as much as he could about Dengue and mosquitoes, Fukuda piled himself and his equipment onto a plane. When he arrived at “the most beautiful tropical island I’ve ever been to,” it turned out that communication was so costly he could only make a couple of calls. “It really pushed me to think about what I was doing there and what I was trying to figure out,” he says. “Although it sounds funny to say, it was just a wonderful experience — the kind of thing you dream about as an EIS trainee.”

After finishing the training program, Fukuda became a full CDC officer with the Viral Exanthems and Herpesviruses Branch. This group is also responsible for Chronic Fatigue Syndrome (CFS) because of early thinking that it could be related to chronic viral infections such as Epstein-Barr. He credits his work in this group with allow-
ing him to develop deeper insights into the broad-
er context of disease. “Culturally, CFS occupies
this unusual niche,” Fukuda observes. “On the one
hand you have this very passionate group of people
who believe strongly that it’s a syndrome that exists
as a discrete disease. On the other hand, you have a
great deal of skepticism by much of the medical
establishment…It’s a very polarizing field and it’s a
very polarizing illness.” Working with CFS,
“taught me both about the political aspects of those
sorts of issues as public health problems,” Fukuda
says, “but also it really pushed me and taught me a
lot about epidemiology since it is a syndrome in
which there aren’t clear biological markers. How
do you actually study something like that? How do
you define it? How do you approach it in a way
that most people will find acceptable? How do you
conduct studies in an area like that which are sci-
entifically defensible? It also made me think a lot
about the cultural, medical, and social biases about
being ill.”

In 1996, Fukuda was approached by the influen-
za group to become their epidemiology section
chief, an opportunity to “shape a fairly small team
and establish a direction,” he says. It also bore some
similarities to the infectious disease that had first
intrigued him. Like malaria, Fukuda says, “It was
really not apparent to me how one could ever
address something like influenza in terms of how to
control it and prevent it.” Plus, he adds, the
response to flu at the time was similar to CFS.
“Back then it really was under the radar screen.
Most people thought of it as just another severe
cold…and that really galled me.”

Flu no longer flies under the radar but, at times,
that might be helpful for Fukuda and his colleagues.
From vaccine shortages to avian flu, the subject now
grabs frequent headlines. Fukuda traveled to Hong
Kong, China, and Vietnam in 1997, 1999, and 2004
to try to understand the behavior of various strains
of avian flu and he was also called in to help with the
SARS investigations in Hong Kong and China in
2003. He travels widely to attend public health con-
ferences, and is in high demand as a lecturer. While
Fukuda is pleased that people now recognize the
serious nature of a potential flu pandemic, he is
troubled about the intensity focused on every piece
of news about the flu and how that attention can
compromise global health security. “There has
always been this triangle where politics and media
communications and science mix together,” Fukuda
says, “but a lot of the tools which have helped us do
science much better, like computers, have also made
media communications a minute-by-minute activity
around the clock.”

Greater media scrutiny has led to increased pres-
sure on countries as they struggle to balance public
health concerns with potential economic and polit-
cal damage. Fukuda raises the recent H5N1 avian
flu outbreaks across Asia as an example. “We got
message after message saying this is not an epzo-
nic problem [a disease that attacks many animals
in the same general area],” Fukuda says with just a hint
of frustration in his voice. By the time governments
publicly acknowledged the health risk and killed
millions of chickens, over 200 people had died and a
potential pandemic spark had smoldered for longer
than Fukuda felt necessary. “The balance between
politics and media and science in many of our esti-
mations is really beginning to become upset, so that
many of the scientific considerations are getting less
and less time at the table,” Fukuda says. “That, for
me, is worrying. No matter how you play the polit-
ics, no matter how glossy the images, it’s really
about the biology, the science. It’s what those virus-
es are doing that counts.”

“In the end though,” Fukuda says, “what was and
still remains the most interesting to me in being at
a place like CDC is that if the question is how do
you address public health problems, then the
answer is a combination of science, politics, com-
munications, and common sense.”

He tries to maintain balance in his own perspec-
tive as well, by making time to play music with his
two daughters, walk the family dog, and cook big
sushi dinners with his wife in their Atlanta home.
Fukuda also spends two weeks every fall on the
wards in San Francisco. Public health can easily
become just “numbers and concepts and video
images on computers,” Fukuda cautions, “but when
you go back to the wards — particularly when you
go back to the wards at some place like San
Francisco General where such a high percentage of
the patient population is either homeless, or HIV-
infected, or has a substance abuse problem, or some
combination — it just drives home to you that this
is what disease means, this is what poverty means,
this is what having no hope means. It makes what
we deal with in a somewhat abstract fashion in pub-
lic health, it makes it very concrete.”

In 1905, when the College of Medicine completed its third home at the corner of Prospect and Pearl Streets in Burlington, the main lecture room, where students spent so much of their time, was named Hall A. The Hall A magazine section seeks to be a meeting place for all former students of the College of Medicine.
In 1969, my wife Edie and I moved into a one-bedroom apartment in a home owned by the Wiedman family at 69 North Prospect Street, just a few hundred yards from the College of Medicine, which was then located at the corner of North Prospect Street and Colchester Avenue. After commuting 35 miles each way every day to Boston as an undergraduate, being able to walk to school was a welcome change. For the next year, the College’s famous fourth floor, and Hall A, became a home away from home.

Today, the memory of Hall A seems to have become nostalgically aggrandized in my mind. I have always been amazed at how the passage of time transforms our memories, automatically filtering away difficult, less happy and forgettable experiences, while simultaneously enhancing those portions of remembrance which brought forth satisfaction, fellowship, understanding and direction in life. So it is with the amazingly steep steps of old Hall A, which were the cause of countless backaches where we sat for 1,000 hours of lectures in Anatomy class, comforted only by the constant reminders of how unfortunate we were to be deprived of the 10,000 hours taught to Dr. Stultz when he was young. (When he was young, surely, dinosaurs had still roamed the earth.) Now Hall A is only steeped in tradition and fond memories.

Today, the classrooms of the College are no longer Vermont’s leading cause of acrophobia. The medical campus today comprises wonderfully designed modern buildings brought to fruition by visionary leaders such as our own Dean Evans. The newest facility, the Medical Education Center, is scheduled to open this fall, and will offer the latest computerized educational tools in an environment designed to promote and enhance the integrated learning of basic science and clinical skills. Some may see the opening of the new Medical Education Center as a completion. It is not. Rather, it is another milestone which, when complemented by the College’s stellar faculty, will keep our College of Medicine in the vanguard of all medical schools. I am grateful to say that these new spaces will bear the names of some of our fellow alumni — as well as other supporters of the College — in recognition of generous gifts to support the programs going on inside these walls. Many naming opportunities still remain for rooms within the center.

The Medical Alumni Association (MAA) is proud to promote this process of improvement, whether by change or growth or both. To help ensure open communication and a constant flow of information about the many exciting developments occurring frequently at the College of Medicine, the MAA has begun a series of communications to parents and families of medical students and graduate alumni. Improvements have been made to the MAA webpage (http://alumni.uvm.edu/) and a new Graduate Alumni Webpage has launched (http://alumni.uvm.edu/colphi.asp). And for the first time, the MAA has created a new award designed to recognize outstanding Graduate Alumni contributions. Stay tuned, and stay in touch!

Charles Heuard, M.D. ’69

CHARLES R. HOWARD, M.D. ’69
ASSISTANT DEAN
HALL A

In 1969, my wife Edie and I moved into a one-bedroom apartment in a home owned by the Wiedman family at 69 North Prospect Street, just a few hundred yards from the College of Medicine, which was then located at the corner of North Prospect Street and Colchester Avenue. After commuting 35 miles each way every day to Boston as an undergraduate, being able to walk to school was a welcome change. For the next year, the College’s famous fourth floor, and Hall A, became a home away from home.

Today, the memory of Hall A seems to have become nostalgically aggrandized in my mind. I have always been amazed at how the passage of time transforms our memories, automatically filtering away difficult, less happy and forgettable experiences, while simultaneously enhancing those portions of remembrance which brought forth satisfaction, fellowship, understanding and direction in life. So it is with the amazingly steep steps of old Hall A, which were the cause of countless backaches where we sat for 1,000 hours of lectures in Anatomy class, comforted only by the constant reminders of how unfortunate we were to be deprived of the 10,000 hours taught to Dr. Stultz when he was young. (When he was young, surely, dinosaurs had still roamed the earth.) Now Hall A is only steeped in tradition and fond memories.

Today, the classrooms of the College are no longer Vermont’s leading cause of acrophobia. The medical campus today comprises wonderfully designed modern buildings brought to fruition by visionary leaders such as our own Dean Evans. The newest facility, the Medical Education Center, is scheduled to open this fall, and will offer the latest computerized educational tools in an environment designed to promote and enhance the integrated learning of basic science and clinical skills. Some may see the opening of the new Medical Education Center as a completion. It is not. Rather, it is another milestone which, when complemented by the College’s stellar faculty, will keep our College of Medicine in the vanguard of all medical schools. I am grateful to say that these new spaces will bear the names of some of our fellow alumni — as well as other supporters of the College — in recognition of generous gifts to support the programs going on inside these walls. Many naming opportunities still remain for rooms within the center.

The Medical Alumni Association (MAA) is proud to promote this process of improvement, whether by change or growth or both. To help ensure open communication and a constant flow of information about the many exciting developments occurring frequently at the College of Medicine, the MAA has begun a series of communications to parents and families of medical students and graduate alumni. Improvements have been made to the MAA webpage (http://alumni.uvm.edu/) and a new Graduate Alumni Webpage has launched (http://alumni.uvm.edu/colphi.asp). And for the first time, the MAA has created a new award designed to recognize outstanding Graduate Alumni contributions. Stay tuned, and stay in touch!

Charles Heuard, M.D. ’69

UNIVERSITY OF VERMONT MEDICAL ALUMNI ASSOCIATION ALUMNI EXECUTIVE COMMITTEE 2004–2005 OFFICERS (TWO-YEAR TERMS)

PRESIDENT

VICE-PRESIDENT

SECRETARY
PATRICIA FENN, M.D. ’65 (2006–2008)

TREASURER

EXECUTIVE SECRETARY
JOHN TAMPA, M.D. ’54 (MEMBER-AT-LARGE FOR TWO-YEAR TERMS)

JAMES C. HERBERT, M.D. ’77 (2006–2008)


DON P. CHAN, M.D. ’76 (2006–2008)

ELAINE E. SIEGEL, M.D. ’95 (2006–2008)


MARK ALLEGRETMA, PH.D. ’90 (2006–2008)


NAOMI B. RICE, M.D. ’00 (2006–2008)


TREASURER

DEVELOPMENT OPERATIONS MANAGER
JEFFREY W. JEROME

DIRECTOR, MAJOR GIFTS
MANNAN ONILOWO

DIRECTOR, MEDICAL ALUMNI RELATIONS
SARAH KERLIN

DIRECTOR, ALUMNI RELATIONS
ERIN DOUGLAS

DIRECTOR OF DEVELOPMENT OFFICE
JANE A. SHOFINALI

ASSOCIATE DIRECTOR
ELSA DENTON

ELIZABETH MARSHUCCI

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE OFFICE OF ALUMNI RELATIONS 35rowe1912@charter.net UNIVERSITY OF VERMONT MEDICAL ALUMNI ASSOCIATION (M.D. March 1943)152 Sanborn RoadStowe, VT 05672(802) 253-4081bandb@stowevt.net

ASSISTANTS
J. BISHOP MCGILL (M.D. March 1943)85 Main StreetWilliston, VT 05495(802) 878-3115

G. W. ROWE (M.D. March 1943)51 Downtown StreetMontpelier, VT 05602(802) 229-9258

K. J. SHONTER (M.D. March 1943)95 Main StreetMiddlebury, VT 05753(802) 388-1555

J. R. MARTIN (M.D. March 1943)55 Main StreetBurlington, VT 05401(802) 862-6205slbmdinvt@webtv.net

M.D. CLASS NOTES

REUNION 2005

1950

SIMON DORFMAN
836 Nice Way
Sarasota, FL 34238
(941) 926-8216

CHUCK MILLER
193 Fairview Road
New Britain, VT 05053
(802) 685-9541

1951

BROWNSTONE DAVIS MARTIN
Box 128
362 VT RT 110
Chelsea, VT 05339
(802) 685-7864

1952

RICHARD N. FABRICEUS
172 Fairview Road
Old Bennington, VT 05201
(802) 442-4224

1953

J. BISHOP MCGILL
85 Main Street
Williston, VT 05495
(802) 878-3115

1954

PETER W. BROOKS
43 Fairview Road
Old Bennington, VT 05201
(802) 442-4224

1955

STANLEY L. BURNS
27 Colonial Square
Burlington, VT 05401
(802) 862-6205

1956

LARRY G. OSBORN
34 Gulliver Circle
Norwich, VT 05050
(802) 867-1450

1957
REUNION ‘05

1960
Marvin A. Nierenberg
6 West 77th Street
New York, NY 10023
(212) 874-6234
m.nierenberg@att.net
Melyn H. Wolk
Clinton Street
P.O. Box 772
Waverly, PA 18471
(570) 973-2121
mellemar@aol.com

1961
Wilfrid L. Fortin
17 Chapman Street
Nashua, NH 03060
(603) 882-6202
wilfrid2000@aol.com

George Resor, Jr. writes: “Enjoying retirement after 35 years of active practice of urology and 22 years as Chief of the Division of Urology at Mt. Auburn Hospital in Cambridge, Mass.”

1962
Ruth Andrea Seeler
2411 North Orchard
Chicago, IL 60614
(773) 472-3432

1963
John F. Murray
P.O. Box 607
Colchester, VT 05446
(802) 561-8991

Arnold Kerzner writes: “I continue to work more than my body and mind allows for, but I love children/family psychiatry. I have recently been elected as President-Elect to the New England Council on Child Psychiatry. I’ll enjoy work while you enjoy your retirements.”

1964
Anthony P. Belmont
14 Deerfield Road
South Burlington, VT 05403
(802) 862-8395

Lester Wurtelle reports: “Our second grandson, Zachary Matthew Sagerman, was born on November 8, 2014. He is every bit as wonderful as his big sister Sara Jane who is 22 months. Still practicing radiology. Had the good fortune to be able to return to Vermont twice this year.”

1966
Robert George Sellig
31 Overlook Drive
Queensbury, NY 12804
(518) 792-7194
rsellig@aol.com

1967
John F. Dick, II
P.O. Box 60
Salisbury, VT 05769
(802) 322-6635

Virginia Barnes Grogean writes: “Continue to enjoy retirement in Maine. Son Scott is finishing a residency in internal medicine at Berkshire Medical Center in Pittsfield, MA where he lives with his wife Kayla and 4-year-old son. Son Tim has begun a pediatric practice in Torrington, Conn. He was married to Claudia Lopez this past summer. She is an OB/GYN resident at UConn.”

1968
David Jay Keller
27 Reservoir Road
Bloomfield, CT 06002
(860) 243-1359
gjselcow@aol.com

Jay E. Selcow
27 Reservoir Road
Bloomfield, CT 06002
(860) 243-1359
gselcow@aol.com

1970
Raymond Joseph Anton
1312 General Knox Road
Russell, MA 01072
(413) 857-5679
ray@rayanton.com

1971
Wayne F. Pasanen
112 Gospod Street
North Andover, MA 01847
(978) 674-5953
wpasanen@lowellgeneral.org

1972
F. Farrell Collins, Jr.
205 Page Road
Pinehurst, NC 28374
(910) 295-1024
fcollins@nc.rr.com

Diorio reports: “I have already had the pleasure of reading Neil Diorio’s well-written book. He has done a fantastic job.”

1975
John J. Murray
33 Lorena Road
Winchester, MA 01890
(781) 729-7568
john.f.beamis@lahey.org

1976
Peter Ames Goodhue
2431 North Orchard
Chicago, IL 60614
(773) 472-3432

1977
Arnold Kerzner writes: “I continue to work more than my body and mind allows for, but I love children/family psychiatry. I have recently been elected as President-Elect to the New England Council on Child Psychiatry. I’ll enjoy work while you enjoy your retirements.”

1978
Donald Zehl
229 Champlain Drive
Plattsburgh, NY 12901
(518) 561-8991
donzehl@fusionbb.net

1979
Neil Davis Evelti, M.D.
75 Blue Swamp Road
Littlefield, TX 75959
(860) 597-8996
ndavis@pol.net

1980
John F. Dick, II
P.O. Box 60
Salisbury, VT 05769
(802) 322-6635

Madeline K. Davis reports: “I have already had the pleasure of reading Neil Diorio’s well-written book. He has done a fantastic job.”

DEVELOPMENT NEWS

FURTHEST AND NEAREST
The Medical Alumni Association’s MAA Challenge Scholarship program has attracted generous donors from across the class years at the College of Medicine. In the past few months, MAA challenges have emerged from among the most recent of graduates, and those farthest from their days at the school. Davis Evelti, M.D.’93 became the most recent alumni donor in the program when he established the Mary Marlow Evelti Scholarship, a $20,000 term scholarship, in memory of his late mother. Mary Evelti represented District 7-1 in the Vermont House of Representatives for fourteen years, beginning in 1976. During this time she served with distinction on the Education Committee and Health and Welfare Committee. She became UVM’s oldest undergraduate when she enrolled at the university in 1997. Also recently, a member of the Class of 1953 was honored by the establishment of another MAA scholarship. The late Morris Winecraft, M.D.’15, was honored by his grandchildren with an endowed scholarship in his name. Dr. Winecraft died in 1984, but left behind a strong attachment between his family and the school where he studied. The Wineck family established the scholarship in 1984, and have now significantly enhanced its value through the MAA Challenge Program.

SEELER ADDS TO FUND
Ruth Seeler, M.D. ’65 has long been concerned with the heavy debt burdens current medical graduates face when starting their careers. In 2000 she acted on her concerns and established the first MAA Challenge endowed scholarship. Now Dr. Seeler has deepened her commitment with a new estate provision of over $500,000 for the Ruth Seeler M.D.’65 Endowed Scholarship fund, ensuring an even greater impact in perpetuity.

REUNION GIVING
Medical Reunion is coming up June, and already members of the various reunion classes are planning and making generous gifts to commemorate their milestones. One such donor is Marjorie Tokpik, M.D. ’93 who has made a substantial gift to the College in memory of her father, Samuel Tokpik, M.D. ’15. Marjorie Tokpik’s gift will be remembered with the naming of one of the new Medical Education Center small group learning rooms as the “Tokpik Family Room.”

GIFT FOR A FRIEND
Over the years, we hear many stories from alumni about classmates who influenced them, helped them in medical school, and often remained lifelong friends. A 2005 reunion class member who wishes to remain anonymous has a suggestion for fellow graduates who are returning for their reunion this year: The reunion class member has made a contribution to the Student Locker Fund in honor of a classmate—and has instructed that the plate on the locker bear the classmate’s name as a surprise for the classmate. The reunion class member challenges other alumni to think about those who inspired them in medical school and to similarly honor them through the locker project.

M.D. CLASS NOTES
PUTTING FACES TO THE NAMES

Over the last few months, several new people have joined the Medical Development and Alumni Relations office. The full staff gathered at their headquarters in Farrell Hall on UVM’s Trinity campus on May 22 to celebrate the start of the fiscal year. The full staff gathered at their headquarters in Farrell Hall on UVM’s Trinity campus on May 22 to celebrate the start of the fiscal year.

1973
James M. Betts
715 Harbor Road
Alamo, CA 94502
(510) 520-3200
jbetts@mail.cho.org

Philip L. Cohen
417 Lakewood Drive
Winter Park, FL 32789
(407) 628-5221
plc2000@aol.com

Vicor Pisaneli is “still practicing general surgery in Rutland, Vt.”

1974
Douglas M. Eddy
5 Tanbird Road
Windham, NH 03087
(603) 432-2516
deddy@sunuma.com

Cajsa Statham
441 Church Hill Road
Morrisville, VT 05661
(802) 888-1799
cajsaschu@yahoo.com

Walter Jacobs writes: “Still in solo family practice in Rutland, Vt.”

1975
Ellen Andrews
155 Midland Road
Pinehurst, NC 28374
(910) 295-6464
eilland@mindspring.com

Congratulations to John Persing, who was recently elected president of the Association of Academic Chairs of Plastic Surgery and Chair-Elect of the American Board of Plastic Surgery. Jeffrey Allen reports: “Living in Naples, Fla. I’m doing practice management consulting and financial planning for physicians, having earned a Masters in Medical Management from Carnegie Mellon in 2000 and a Certificate in Financial Planning from Florida State University in 2003. Two daughters at home in eighth and tenth grade, and son Michael is a realtor in Burlington.”

1976
Don P. Chan
Cardiac Associates of New Hampshire
Suite 103
246 Pleasant Street
Concord, NH 03301
(603) 224-6070
achan@aol.com


1978
Paul McLean Costello
Esse Pediatricians, Ltd.
89 Main Street
Essex Junction, VT 05452
(802) 879-4566

1979
Sarah Ann McCarty
1018 Big Bend Road
Barbourville, KY 40406
(606) 892-1034
mccarty@marshall.edu

Andrew Weber writes: “We enjoyed Marc’s bar mitzvah this November. I was disappointed with Dr. Howard Dean’s loss in the primary but proud of his efforts. I hope to ski in Vermont this February and sun in Georgia Sea Island for my birthday.”

1980
Richard Nicholas Hubbell
80 Summit Street
Burlington, VT 05401
(802) 862-1551

1981
Craig Wendell Cage
5823 Interbay Blvd.
Tampa, FL 33611
CraigGage@alumni.uvm.edu

Andrew Weber writes: “We enjoyed Marc’s bar mitzvah this November. I was disappointed with Dr. Howard Dean’s loss in the primary but proud of his efforts. I hope to ski in Vermont this February and sun in Georgia Sea Island for my birthday.”

1982
Linda Hood
4 Cobbler Lane
Bedford, NH 03110
(603) 471-2536
hoodwhite@comcast.net

1983
Diane M. Georgeson
2 Ravine Parkway
Oneonta, NY 13820
(607) 433-1600
dgeorgeson@stfranciscare.org

1984
Richard C. Shumway
34 Coventry Lane
Avon, CT 06321
(860) 671-6629
rshumway@stfranciscare.org

1985
Vito D. Imbasciani
1915 North Crescent Heights Blvd.
Los Angeles, CA 90069
(310) 691-1306
vitomd@pacbell.net

Katherine Stoddard Pope will receive the Medical Alumni Association’s Service to Medicine & Community Award during Reunion this June. While serving in Iraq with the California National Guard last fall, Vito Imbasciani kept a weblog of his experiences over the four months. To read “The Baghdad Diaries”, visit Vito’s website at www.yotico.com.

1986
Darrell Edward White
2923 Lincoln Road
Ray Village, OH 44446
(440) 892-4918
whitneyed@attbi.com

Clifton Slade just returned from the 31st Combat Support Hospital, Baghdad, Iraq. Nicole Noyes reports: “All is well in NYC. Job is great. Three kids. Skiing often.”

Kin Hin Chui writes that she started her sabbatical at UCLA in January of 2005: “Updating my skills in electrophysiology. Will keep you all posted. Hope to return to Burlington in 2006 for our twentieth reunion.”
CONTINUING MEDICAL EDUCATION

2005 CONFERENCE SCHEDULE

The Stowe Conference on Digestive Diseases
March 4-5, 2005, Trapp Family Lodge, Stowe, Vt.
Child Psychiatry for the Primary Care Clinician
May 6, 2005, Hampton Inn and Conference Center, Colchester, Vt.
Women's Health: Perception, Prevention, and Practice
May 12-14, 2005, University of Vermont Conference Center at the Sheraton Hotel, Burlington, Vt.
Family Practice Review Course
June 8-11, 2005, University of Vermont Conference Center at the Sheraton Hotel, Burlington, Vt.
Vermont Summer Pediatric Seminar
CardioRenal Symposium for the Primary Care Provider
August 5-7, 2005, Trapp Family Lodge, Stowe, Vt.
ALS – Update in the New Millennium
August 15-18, 2005, Sheraton Harborside, Portsmouth, N.H.
Primary Care Sports Medicine
August 23-26, 2005, University of Vermont Conference Center at the Sheraton Hotel, Burlington, Vt.

REUNION '05

1990
Barbara Angelika Dill
120 Hazel Court
Romford, MA 02166
(781) 767-7778
barbrichanddillon@earthlink.net

Christopher Pichler
writes: “I receive the Medical Alumni Association’s Alumnus Award during Reunion this June."

1991
John Dewey
15 Eagle Street
Cooperstown, NY 13326
jdewey@extra.net

Lori Garahan.
mitzi was named one of San Diego’s “Top Doctors” in anesthesiology by San Diego Magazine. Mitzi was nominated by colleagues in the San Diego County Medical Society.

1992
Mark Elliott Pasanen
1234 Sear Street
South Burlington, VT 05403
(802) 865-3281
mark.pasanen@vtmednet.org

1993
Joanne Taplin Roney
22 Patterson Lane
Durham, CT 06422
(954) 369-6411

Holliday Rayfield gave birth to Miranda Lois Rayfield on November 23. Miranda was seven weeks early but Holliday reports she’s home and the whole family is doing great.

1994
Holliday Rayfield
P.O. Box 813
Waitsfield, VT 05673
(802) 496-5665
rayfieldbt@yahoo.com

Holliday Rayfield gave birth to Miranda Lois Rayfield on November 23. Miranda was seven weeks early but Holliday reports she’s home and the whole family is doing great.

1995
Allison Miller Bolduc
252 Autumn Hill Road
South Burlington, VT 05403
(802) 863-4002
alison.bolduc@vtmednet.org

Congratulations to Allison Bolduc: Allison will receive the Alumnus Recipient Alumni Award during Reunion this June. Peter Christakos writes: “I was married three years ago in Virginia and we have been living in the seacoast area of New Hampshire. We have a two year old son, Nikolas, who keeps us moving. Parenting is my favorite job thus far.” Peter and his family will be relocating from New Hampshire to Massachusetts. Holly Mason reports: “After doing residencies in Chicago and living in the Bay area of California for two years while Ted completed his fellowship at Stanford, we finally settled down in Westfield, Mass. I am a surgeon at Baystate Medical Center in Springfield (part of the Dept. of Surgery) doing primarily breast surgery. Ted is in private practice doing oto-laryngology and neuro- otology. He has established the first cochlear implant program in western Massachusetts. In July ’95, we welcomed our first child, Sophia, who is the light of our lives.”

Congratulations to Brooke Spencer: Brooke is an Intervventional Radiologist in Scottsdale, AZ now. In July 2004, she married John Sposato and his daughter Elizabeth (3½ years) in Norwich, VT on her parents’ farm. Leslie Kenner tells us: “Steve and I are enjoying life on the North Shore of Massachusetts with our two daughters Elena (almost 5) and Adrianna (1 year). We went to Brooke Spencer’s wedding in July. Last year, we saw Lori (Everling) Deschene and her twin girls. Hope to see a lot of classmates at the Reunion.”

TRAUMA TRAM writes: “Hello everybody! Best wishes.”

1996
Anne Marie Valente
4616 Dovil Drive
Durham, NC 27713
(919) 806-8130
Patricia Ann King, M.D., Ph.D.
32 South Prospect Street
Burlington, VT 05401
(802) 862-7705
patricia.king@vtmednet.org

Lisa Bellise reports: “My husband, Kevin, and I are still living in Yarmouth, Maine with our three children, Campbell (11), Abby (8½) and Sophie (3½). Our days are filled with family activities. I have a private practice and continue to precept UVM students and Family Medicine residents at Maine Medical Center. I’m also involved with Maine’s statewide medical office-based literacy program Raising Readers.”

1997
Julie Clifford Small
1946 Mt. Baker Circle
Oak Harbor, WA 98277
(360) 240-8693
jms@tidal.com

Patty Salisbury writes: “I moved to Australia two years ago, on the far south coast of New South Wales, and live in a rural area about ten minutes from the beach. All my kids and we love it here! I work part time running an Aboriginal Health Clinic and the rest of the time divide between a busy private practice, obstetrics, running the ED one night a week and going around. Damen teaching ALSO (Advanced Life Support in Obstetrics). We have a small farm and life is good. If you remember my kids, they’re all grown up now. Wade just graduated high school and is working in construction, saving money for an overseas trip, Skye and Forrest are in university and Leif is a stonemason. It’s still a wild time when we are all together! If anyone wants to come and visit, they sure are welcome.”

1998
Haleh Ababian
4700 Bromley Lane
Richmond, VA 23226
(804) 204-2135
ha@haleh.com

Benjamin Lowenstein recently joined the medical staff at Portsmouth Regional Hospital in New Hampshire. He also practices cardiology at Seacoast Cardiology in York, Maine. Congratulations to Stephen Messier, who has been accepted into the Air Force Neonatology Fellowship program at the San Antonio Uniformed Services Health Education Command.

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Ray Medical Center as a new internist. She also shares a practice at Glen Cove Internal Medicine in Rockport, Maine. Laura has a special interest in women’s health, cardiology, and diabetology. Before joining PBMC, she was chief resident in internal medicine at Maine Medical Center in Portland.

2001
Ladan Farhoomand
1481 Regatta Road
Carlsbad, CA 92010
626-201-1998
lfarhoomand@yahoo.com

Joel W. Keenan
Greenwich Hospital
Five Peryridge Road
Greenwich, CT 06830
joelkeenan@hotmail.com

Joel W. Keenan
Greenwich Hospital
Five Peryridge Road
Greenwich, CT 06830
joelkeenan@hotmail.com

Michael Jim Lee
Apt. 413
2500 Overlook Road
Cleveland Heights, OH 44106
(216) 209-7799
michael_j_ljee@gmail.com

Naomi Leeds Rice, M.Ph.
Apt. 5
38 Grove Street
Boston, MA 02114
(617) 771-8060
nrice@partners.org

Laura Trask joined the medical staff at Penobscot
World War II saw Sgt. Greenslet shipped out to England and subsequently to Europe where he spent three years as a medic in the Army’s 45th Field Hospital unit. The 45th Field Hospital was attached to Patton’s Third Army and cared for troops during the Battle of the Bulge. After the war, Dr. Greenslet enrolled in the University of Vermont to fulfill his dream of becoming a medical doctor. He received his M.D. in 1945. In 1955, Dr. Greenslet moved his family to Manchester where he practiced medicine until 1969. In 1969, due to illness, Dr. Greenslet reluctantly closed his private practice. The following year he accepted Beverly (Mass.) Hospital’s invitation to help design the first emergency room department. Dr. Greenslet served as chief of the emergency room department at Beverly Hospital until 1977 when he joined GE/Nynex as medical director. He retired in 1986.

Pauline E. Clarke, M.D. ’50
Dr. Clarke passed away October 7, 2004, in Indialantic, Fla. Born December 1, 1922, in Mt. Vernon, New York, she was a longtime resident of Fairfield, Conn. Dr. Clarke first enlisted in the United States Navy in September 1941 and re-enlisted after completing medical school at the College of Medicine. During her military career, she obtained the rank of Commander and served at the U.S. Naval Hospital in San Diego, The Naval Medical School in Bethesda, Maryland, and the U.S. Naval Hospital in Chelsea, Massachusetts. She resigned her commission in 1963 and moved to Florida. Dr. Clarke practiced in Brevard County for many years.

Norman Alpert, Ph.D.
Professor Norman Alpert, Ph.D., died November 27, 2004 at his home in Shelburne, Vt. He was a colleague, mentor, and friend to many at the College of Medicine, and an internationally recognized authority in the area of cardiac hypertrophy and energetics. Dr. Alpert earned his A.B. degree from Wesleyan University in 1943, and his Ph.D. from Columbia University in 1951. He joined the College of Medicine faculty in 1966 as professor and chair of the Department of Physiology and Biophysics. During the next 29 years he built one of the premier departments of muscle biology focused on heart failure. He was also the founder of Bio-Eik Instruments of Winomski, Vt. At the time of his death at age 82, Dr. Alpert was still very active as a principal investigator of a National Institutes of Health R01 grant, as well as first author of a manuscript in press concerning Familial Hypertrophic Cardiomyopathy.

In Memoriam

Obituaries of these College of Medicine alumni will appear in a subsequent issue of Vermont Medicine.

Howard Jacobs, M.D. ’43
Henry Tulip, M.D. ’47
Irene I. Siu, M.D. ’49
Arnold C. Take, M.D. ’57
David A. Austin, M.D. ’56
Robert Smart, M.D. ’67

Spinelli N. Flanders, M.D. ’36
Dr. Flanders died April 1, 2004 in Lewiston, Maine. Born Aug. 9, 1909, in Hampden, Maine, he attended public schools in Portland and was graduated from Portland High School in the Class of 1928. He received his B.A. degree from the University of Maine at Orono in 1932, before earning his M.D. He interned at Maine Medical Center in Portland and Royal Victoria Hospital in Montreal. Dr. Flanders completed his residency at New York Eye and Ear Infirmary followed by post-graduate residency training at Jefferson Post Graduate School of Medicine, and maxillofacial and plastic training at Post Graduate School of Medicine at the University of Pennsylvania. He served in the U.S. Army Medical Corps as a Captain from 1941 to 1945, including service in the Philippines. Following his tour of duty in the service he took training in Otologyngology Surgery at the Lempert Endoural Institute in NYC. He started his private practice in Waterville, Maine, followed by 35 years of practice in Lewiston. He retired from private practice in 1972, to become Medical Evaluation Officer at the Department of adjudication for Togus Veterans Hospital in Augusta. He permanently retired in 1978.

Roger Francis Greenslet, M.D. ’53
Dr. Greenslet died August 18, 2004 at his home in Manchester-by-the-Sea, Mass. He was 81. He was born on July 22, 1921 in Bennington, Vt. In 1939, Dr. Greenslet was admitted to the University of Pennsylvania where he studied optometry and received his degree in 1943. The advent of World War II saw Sgt. Greenslet shipped out to England and subsequently to Europe where he spent three years as a medic in the Army’s 45th Field Hospital unit. The 45th Field Hospital was attached to Patton’s Third Army and cared for troops during the Battle of the Bulge. After the war, Dr. Greenslet enrolled in the University of Vermont to fulfill his dream of becoming a medical doctor. He received his M.D. in 1945. In 1955, Dr. Greenslet moved his family to Manchester where he practiced medicine until 1969. In 1969, due to illness, Dr. Greenslet reluctantly closed his private practice. The following year he accepted Beverly (Mass.) Hospital’s invitation to help design the first emergency room department. Dr. Greenslet served as chief of the emergency room department at Beverly Hospital until 1977 when he joined GE/Nynex as medical director. He retired in 1986.

Paul M. Choate, M.D. ’40
Dr. Choate died in Gainesville, Fla., Sept. 18, 2004, from complications following a hip fracture. He was born in West Barnet, Vt., Jan. 17, 1916. After grammar school in West Barnet, he attended Peacham Academy for two years and Vermont Academy in Saxtons River, where he graduated in 1933, before earning his M.D. He served four years in the Army as medical director. He retired in 1955 at the age of 67.

MO. ’55
Dr. Bove died on September 27, 2004, after a long illness. He was a native of Bristol, Conn. and attended the University of Connecticut before joining the Class of 1973 and entering medical school at the College of Medicine. He performed his internship and residency in pediatrics and psychiatry at Syracuse Medical Center. He taught at Goddard College in Plainfield, Vt., McGill University, and the University of Regina. He moved to Calgary in 1975 to complete a residency in psychiatry and became the senior psychiatric resident at foothills Hospital. He practiced family psychiatry in Vancouver for 23 years. In recent years he was a doctoral candidate in education at the University of British Columbia.

Pauline E. Clarke, M.D. ’50
Dr. Clarke passed away October 7, 2004, in Indialantic, Fla. Born December 1, 1922 in Mt. Vernon, New York, she was a longtime resident of Fairfield, Conn. Dr. Clarke first enlisted in the United States Navy in September 1941 and re-enlisted after completing medical school at the College of Medicine. During her military career, she obtained the rank of Commander and served at the U.S. Naval Hospital in San Diego, The Naval Medical School in Bethesda, Maryland, and the U.S. Naval Hospital in Chelsea, Massachusetts. She resigned her commission in 1963 and moved to Florida. Dr. Clarke practiced in Brevard County for many years.

Kehnroth Schramm, M.D. ’58
Dr. Schramm, of North Vancouver, British Columbia, died on Sept. 24, 2004. Born in White Plains, N.Y., in 1924, he graduated from Dartmouth College before earning his M.D. at the College of Medicine. He performed his internship and residency in pediatrics and psychiatry at Syracuse Medical Center. He taught at Goddard College in Plainfield, Vt., McGill University, and the University of Regina. He moved to Calgary in 1975 to complete a residency in psychiatry and became the senior
A PIONEER REMEMBERED

Eva R. Sargent, M.D. ’35, was used to “firsts.” She was among the first women graduates of the College, and was the only woman in her graduating class. She was the first in her family to attend college, much less earn a medical degree. And Dr. Sargent continued to be on the leading edge of change in her medical practice; she even co-invented a special extracting device she’d developed through the thousands of deliveries she attended in her obstetrical practice.

Now, through a trust established by Dr. Sargent and her husband, and the generosity of her sons, her “firsts” continue. When a group of medical students gather next fall in the just-opened Medical Education Center for their first small-group learning experience under the College’s new curriculum, they’ll do so in the Eva Sargent M.D. ’35 Room. All thanks to the foresight and generosity of this medical pioneer.

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They came to the College of Medicine when William Howard Taft was president, when the horse was still the main mode of transportation. They left to follow careers throughout Vermont and the nation, careers that would track the incredible change in medical practice in the 20th Century. Now they are gone, but the College continues to improve thanks to the generosity of Class of 1915 members and their families. Recently, the late Morris Wineck, M.D. ’15, was honored by his grandchildren with an endowed scholarship in his name. And Marjorie Topkins, M.D. ’50, made a substantial gift in memory of her father, Samuel Topkins, M.D. ’15, that will be commemorated with the naming of a small-group learning room in the new Medical Education Center.

Your gift to the Medical Annual Fund can have long-lasting effects for the medical students of today, and tomorrow. For more information contact us at:

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